PTO/SB/06 (08-03)
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CLAIMS AS FILED – PART I (Column 1) (Column 2)				SMALL ENTITY		OR	OTHER THAN OR SMALL ENTITY	
FOR NUMBER FILED				] [	T	7	OWAL	CEMILLI
BASIC FEE (37 CFR 1.16(a))		HOMBER EXTRA		RATE	FEE	4	RATE	FEE
TOTAL CLAIMS		20			\$	OR		5770
INDEPENDENT CLAIMS				× \$=	<del> </del>	OR	× \$_18 =	18
		ninus 3 =		X \$=		OR	× \$ \$6_ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$=		OR	+ s =	1
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL		OR	TOTAL	700	
CLAIN	MS AS AMENDE	D – PART II				_		<del>-793</del>
(0	Column 1)	(Column 2)	(Column 3)	SMALL	ENTITY	OR .	OTHE	R THAN
5 <i> 4/4/1/</i>	CLAIMS EMAINING AFTER ENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
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	OF MOCHINEE BEFEN	DENT CLAIM (37 C	FR 1.16(d))	+ \$ = TOTAL		OR	+ \$=	
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	olumn 1) CLAIMS	(Column 2)	(Column 3)			J		
RE AME	MAINING AFTER ENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
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Independent (37 CFR 1.16(b))	Minus	•••	=			OR	X 1 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				X \$=		OR.	X \$=	
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Independent (37 CFR 1.16(b))	Minus		=			OR -	× \$=	<del></del>
FIRST PRESENTATION	OF MULTIPLE DEPFIND	ENT CLAIM 197 CE	R436(d))	X \$=		OR	X \$=	···
		<del></del>	# T	+ \$ = TOTAL ADD'L FEE			+ \$ = TOTAL	<del>.</del>
If the entry in column If the "Highest Number If the "Highest Number The "Highest Number	r Previously Paid For	" IN THIS SOLACE :	-1 () - 00			OR	ADD'L FEE	<del></del>

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark, Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OF COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.